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CONFIRMATION NO. 2778

SERIAL NUMBER 10/072,610	FILING DATE 02/06/2002  RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 39238-0747
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/522,275 03/09/2000 PAT 6,413,255  
 which claims benefit of 60/123,440 03/09/1999

*12/22/05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None 12/22/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/01/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	CA	4	111	3

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## TITLE

Handpiece for treatment of tissue

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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